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ORIGINAL ARTICLES.

Railway Surgery.

W. J. McDONALD, M.D.

Read before the Northwest Kansas Medical Association, at Oakley, Kan., April 2, 1894.

The subject of railway surgery claims our attention from a peculiar standpoint, owing to its having to do mainly with traumatic injuries referring generally to minor surgery on the one hand, and also to the responsibility of the surgeon on the other. Owing to the fact that our railway systems hastily transfer the seriously injured to the hospital, we assistant surgeons along the line are deprived of the experience and its advantages gained by performing capital operations and the after management of such cases. Nevertheless our duty must be faithfully and scientifically performed regardless of the length of time circumstances may permit us to minister to the wants of our patient. It is many times the case that we have only sufficient time allowed to dress a wound, reduce a fracture or dislocation, or arrest a hemorrhage, when the patient is quickly dispatched from our care to the city, where hospital management, both in the surgical and nursing line, are supposed to be more eligibly done.

As to the responsibility of the railway surgeon, we cannot observe it too closely. The company for which he labors may not be in the least responsible for the cause or manner in which an accident occurs resulting in the injury of an employe or passenger, and yet be plainly liable for a bad result following the injudicious management of the case by the attending surgeon, be he assistant division or chief surgeon; therefore, we observe that the responsibility in this branch of the practice is two fold. On the one hand it is demanded by a corporation, on the other by the patient himself.

Leaving our home for a day and looking in upon the surgical ward of a railway hospital, we observe patients suffering from a variety of injuries, from a mashed phalanx to a fractured skull, here a fractured radius, there a crushed limb, here an ugly flesh wound, there a fractured vertebra with a number of other cuts, bruises and sprains, presenting a list of injuries where violence has figured.

The best aseptic advantages are here enjoyed, and should antiseptic treatment be required it too often resulted from some contingency before the patient was transferred from the place of injury, where a want of cleanliness was permitted in the previous management, either by the use of sponges, instruments, water or dressing, some or all of which were not aseptically clean. We look upon pus as an enemy to human tissue, consequently the avoidance of its appearance secures the most desirable results. True it is that many wounds are aseptic, but may be rendered antiseptic by being handled in such a way that germs find access to them. We maintain, then, that surgeons should never lose sight of the importance of being aseptically equipped. His instruments, his sponges, his appliances of whatsoever sort should be perfectly aseptic; furthermore, we regard the admonitions of Gerster important in regard to refraining from needless probing and otherwise examining a wound on a dirty floor of a depot or on the train, as nothing can possibly be gained and harm may result from so doing. He who practices

asepsis most cautiously will be generously rewarded with good results. It will always prove itself whether the necessity of the case may require the use of the surgeon's knife or whether it be only necessary to apply a simple dressing. Nothing in our experience is more satisfactory for lacerated tissue than hot water, iodoform, bichloride gauze, and while old friends serve us so well we are not inclined to discard them. Also, the manner of dressing simple fractures is a subject which is so much governed by the fancy of the surgeon, that in the manner of applying bandages there are nearly as many means of accomplishing it as there are surgeons. For simple fractures of the radius or tibia, for instance, we have had as good results from at first applying padded splints with roller bandages for, say, from three to five days, when the inflammation subsides, when the plaster of paris bandage may be applied and remain till the injury recovers.

The management of scalds and burns we treat upon the principles laid down in our standard works on surgery, not losing sight of the constitutional condition as well as the local injury. When much tissue is destroyed we may find our patient laboring under the effects of a shock, cold, trembling with rigors, nervously prostrated, and so forth. From one-fourth to one-half grain of morphia sulph., hypodermically administered, with plenty of hot brandy toddy administered per stomach, generally suffices to overcome the shock and secure reaction when it is possible to do so.

By observing this condition of shock and treating it promptly, we may in this way save the life of our patient, though his recovery from injuries be slow and tedious. The writer is partial to the application of wheaten flour poured over a burnt surface, which is then covered with a layer of dough about one-half an inch thick. In this manner the air is excluded, the pain relieved by so doing. The dough will be required to be removed and a fresh layer applied every twenty or thirty minutes.

When the burnt surface becomes free from pain, applications of lanoline, lime water and linseed oil, with oiled silk for a dressing, seems to be curative and comfortable. We are not to forget the bad effects which may follow cicatrisation. It may be necessary to destroy granulations, of which there is sometimes a surfeit, or to apply splints and bandages or some kind of mechanical contrivance to prevent deformities owing to contractions of tendons following cicatrisation.

Leaving the question of treatment to our knowledge of surgery as it may be obtained from our standard works on that subject, we come now to consider the subject of surgical supplies as afforded by railway systems. Looking over the field of accidents and emergencies, we find many conveniences are conspicuous for their absence, except in the hospitals. Now and then we find at a station a stretcher, which may be in good condition or it may not. We probably find a stretcher in the baggage car of a passenger train. A stretcher is a good thing and we are always glad to have one for the conveyance of our wounded and sick patients, but the idea seems to prevail among railway officials, especially with some, that an occasional stretcher outside of a hospital is the thing all sufficient. When a wreck occurs and several persons are found crushed and bleeding, the surgeon, to whom all eyes are turned for relief, has his anxious mind and body taxed to the utmost to afford comfort to those who may be injured, all because there is a dearth of appliances at his command. We maintain that at a small expense each station house could have in charge more than one stretcher; that every train should be supplied with bandages, surgical lint, adhesive plasters, splints, etc.; and while it may be supposed that the surgeon should himself be armed with instruments and remedies, yet if a small surgical case, with a small assortment of drugs, kept under the care of the conductor, be also added to this emergency cabinet, why would it not be an improvement upon the present system?

More than one artery forceps may be needed, and also an unusual amount of silk ligatures and needles, to say nothing of catheters, tenaculums, bistouries, etc.; in the drug line, chloroform, iodoform, morphine,

quinine, digitalis, chloral hydrate, bromide potassum, and, last but not least, some good brandy. These necessities can be kept in a chest under lock and key, and if never used would be better for humanity than if badly needed and not at hand. The extra expense of such provisions to a railway company would not be considerable, but would be an advanced step towards providing relief to the injured who constantly fall victims as passengers and employes.

The subject of railway surgery is one which has grown in importance since its inauguration, but its symmetry is not yet complete, nor will it be till more attention be directed to the fostering of better facilities along the lines rather than giving all attention to hospital advantages. In order that the most humane comforts be extended to the suffering public the best of means should be provided, whether at the scene of a wreck or whether within the confines of a city hospital.

Two Cases from Practice.

J. M. FRANKENBURGER, M.D., Catskill, N. M.

April 2 was called to see Mrs. S. G., Mexican, 30 years of age. On inquiry I learned that she had been confined four days previous and had given birth to a dead fœtus, presumably at full term. Part of the placenta had come away, and it, with the fœtus, had been buried in the same room in which the patient was, and not over three feet from the patient, Her pulse was weak and rapid, temperature 95°, extremities cold. Her abdomen was distended very much. Vaginal and abdominal examination revealed a partly contracted uterus, the os undilated and very rigid. Just imagine the situation: Patient, four days after confinement, with but one garment on, lying on a pile of dirty sheepskins on a dirt floor, uterus full of decomposed placental remains, and a fœtus buried in the floor not over three feet from patient and not over a foot under ground.

First giving the patient a hypodermic injection of strychnia, I then gave a hot vaginal injection of a bichloride solution, and cleansing the surrounding parts thoroughly, I tried to dilate the os, but was unsuccessful. Not having a Barnes' dilator, or any kind of a dilator, and being fourteen miles from town, and it being painfully apparent to me that if I did not get that uterus cleaned out in a short time I would have a corpse on my hands, I put the patient under the influence of chloroform, dilated the os with my fingers, introduced my hand into the uterus and removed all of the placenta that I was able, and then curetted the uterus with a uterine curette. I then washed out the uterus with a hot, weak bichloride solution. As patient's bowels had not operated for over a week I cleaned them out with hot rectal injections. Gave a teaspoouful every three hours of the following mixture:

Tr. ferri mur	f ℥ ss
Strychnine sulph.....	gr. j
Syrup, simp., q.s.....	℥ iij

Inside of 24 hours there was a decided improvement in the condition of the patient, and she made an uneventful though slow recovery.

CASE II.—Mrs. S., American; a very feeble woman, 34 years of age; six months pregnant; was taken ill about 3 o'clock in the afternoon with labor pains, which continued about an hour when they suddenly ceased. I did not see her until the next morning, and found her lying in bed feeling very comfortable, with no pain whatever. On examination I found the os dilated as large as a half-dollar and a breech presentation. I turned the fœtus, brought down a foot, and delivered. The cord was decomposed and broke before the delivery of the fœtus. There was complete inertia of the uterus. I administered a half teaspoonful of ergot per orem, and tried to expel the placenta by Crede's method, but an hour's work accomplished nothing. I then introduced my fingers into the uterus and after two hours hard work succeeded in removing placenta piece-meal. It was so firmly adherent that it was impossible to deliver it entire. After making sure that all of placenta had been removed, I gave patient a

hot bichloride uterine injection, placed antiseptic pads in the vagina, and treated the case the same as a regular confinement case. Patient had no trouble afterwards.

It may not be a difficult operation to curette a uterus when you have plenty of assistants; but when you have to do it on short notice, administer the anæsthetic yourself, and do all of the work without any assistance and on a dirt floor, it makes a man think that hs has just about all he wants to take care of.

An Unnecessary Laparotomy -- A Strangely Dilatable Uterus.

EMORY LANPHEAR, M.D., Ph.D., St. Louis, Mo.

Professor of Operative Surgery and Clinical Surgery in the College of Physicians and Surgeons.

Some days ago an unusually interesting case was referred to me by Dr. A. L. Hunt, of Kansas City. The patient was a lady 32 years of age; married six years; the mother of one child, aged 5 years; no miscarriages. She had never had any severe illness until her pregnancy. There was much pain and discomfort in the left side of the abdomen during gestation. She had a very slow "getting up" from confinement, with a considerable amount of fever, pain in the pelvis—the usual history of septic infection. Was not out of bed for four weeks, and for two months was a complete invalid. She had never been well since, and complained of the usual symptoms of chronic salpingitis. Menstruation reappeared about one year after confinement, and had been regular but very scanty and painful. Examination showed some laceration of the perinæum, and an os dilated and bleeding upon the slightest touch, with a purulent discharge from the cervix. Upon inquiry it was found that this was the third discharge of pus from the uterus, there having been very severe pain in the left ovarian region lasting for several days, then a sudden discharge of several ounces of pus from the womb, with relief following. These attacks had been at intervals of about two and one-half months. The right ovary and tube seemed normal. Extending from what seemed to be the fundus uteri toward the left was a mass larger than one's fist, tender, apparently connected with the uterus, and evidently an accumulation of pus in a greatly inflamed tube.

A diagnosis of purulent salpingitis was made; no probe was passed into the uterus because of the extreme tenderness on attempting introduction. The patient was ordered to the hospital and prepared for laparotomy.

When the patient was completely under the influence of the anæsthetic the vagina was thoroughly cleaned, the cervix caught with strong vulsellum and pulled to the outlet of the vagina.

The os was dilated rapidly and a curette introduced, the idea being to thoroughly curette the uterus and pack it before making the laparotomy. The curette entered about four inches without difficulty, and upon withdrawal brought away a considerable quantity of fungoid material such as is found in chronic endometrities, where pus is constantly in contact with the mucous membrane. What seemed to be the body of the womb was carefully curetted under irrigation, a considerable quantity of this material being scraped away, with a good deal of hemorrhage. On turning the curette toward the point of entrance of the left Fallopian tube, the side apparently affected, with little resistance the instrument passed forward a considerable distance and I felt sure that I had penetrated the cavity of the pus tube, which had emptied itself into the uterus. I withdrew the curette and brought with it quite a quantity of the same fungoid growth that had been brought from the other portions of the uterus, and upon reintroducing the curette found that this brought away a large amount with each withdrawal. But the curette passed in for an incredible distance, and my assistant as well as myself became alarmed lest I had, even with the very cautious curettage practiced, penetrated the abdominal cavity. I therefore hastily tamponed the uterus and prepared for sec-

tion. In this packing at least two yards of iodoform gauze were used, and the forceps employed for its introduction were passed in the full length, thirteen inches.

Upon opening the abdominal cavity there presented at the line of incision the now dilated uterus, and through its thin walls could be felt and seen very plainly the gauze which had been pushed into the cavity of the uterus. *The tubes and ovaries, on both sides, were absolutely healthy.* That which had seemed to be pyosalpinx was but the laterally deviated uterus, so lying as to hide the tube and ovary of that side, and so deformed as to deceive one even on careful examination under chloroform. The peritoneum and abdominal walls were quickly closed and the patient hurried to bed, after the vagina was lightly packed with iodoform gauze.

It has been said that one learns more by his mistakes than by his successes. This I have found to be true in a large number of cases where I have not been successful in finding what I went after, or even have not attained the results I anticipated by an operation. But in this case I did not find such a valuable lesson, for the reason that the symptoms were such that under similar circumstances I would again make a laparotomy, as I did in this case, although the incision proved that it was wholly unnecessary. I cannot explain the great expansibility of the uterus with its abnormally thin walls, which, as before noted, were so very delicate that the gauze could be distinctly seen through them. It certainly was not a typical case of sub-involution, because here the walls of the uterus remain thickened, and it is rare indeed to find a uterus that would be expansible to the degree of twelve or fifteen inches five years after confinement with the condition one of simple sub-involution. The uterine walls more closely resembled india rubber than anything else with which I could compare them, as they were readily twisted about in any direction, and were so freely expansible that both my assistant and myself felt sure that I was introducing the gauze into the abdominal space when I was in reality packing the utterine cavity.

Heart Disease and Menstruation.

Maryland Medical Journal.

Dr. Gow recently read a paper (*Lancet*) before the Obstetrical Society of London with a record of 50 cases. In 28 the flow was unaltered; in 17 the flow was absent or scantier than before; in 5 the flow was either more profuse or recurred more frequently than before; in no case was there good evidence that heart disease gave rise to severe menorrhagia. It would seem that either amenorrhea or scanty menstruation was a far more common accompaniment of heart disease than menorrhagia. A further analysis of these cases seemed to point to the fact that heart disease led to relative sterility, and also that it greatly increased the tendency to premature expulsion of the ovum. In conclusion, it was pointed out that a large number of women suffering from valvular disease of the heart pass safely through the period of pregnancy and labor. The cases were further analyzed as follows:

1. Mitral stenosis (22 cases): In 9 cases menstruation was regular and the amount lost unaltered, in 5 cases menstruation was regular but more scanty, in 4 cases there was amenorrhea, and in 4 cases menstruation was either more frequent or more profuse.

2. Mitral incompetence (15 cases): In 10 cases menstruation was unaltered, in 4 cases menstruation was more scanty, and in 1 case there was amenorrhea.

3. Mital stenosis and incompetence (7 cases): In 4 cases menstruation was unaltered, in one case menstruation was more scanty, in 1 case there was amenorrhea, and in 1 case there was slightly increased menstrual loss.

4. Aortic incompetence and obstruction (2 cases): In both cases menstruation was unaltered.

5. Aortic and mitral incompetence (3 cases): In all cases menstruation was unaltered.

6. Aortic incompetence and obstruction and mitral incompetence (1 case): Menstrual loss was more scanty than before.

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Topeka, Kansas, Saturday, June 9, 1894.

The Kansas Medical College and Their New Home.

On the first of June the trustees of the Kansas Medical College purchased the property on the corner of Twelfth and Tyler known as the Higginbotham place. This is one of the most beautiful locations in the heart of the city, and surrounded by some of the best residences in the West.

There are 10 lots with a frontage on three streets, on the electric car line, and a half block from the pavement. The building is a large brick structure with full basement and three stories above, and contains 17 rooms. Some changes will be made in the arrangement of the rooms, and in the near future some additions will be made to the building. The rapid growth of the class compelled the college to seek new quarters, and a plan for building has been in contemplation. The trustees decided, however, that this property was more desirable than any location offered them, and it could be purchased at a reasonable price. The work of removal has already begun, and the laboratories, lecture rooms, etc., will soon be in readiness to receive students and visitors.

The faculty are justly proud of their acquisition and the result of their efforts to make the College an institution worthy the support of the profession. With the increased facilities for instruction and the better accommodation for students, we predict that the next class will more than double the last.

To the dean of the faculty, Dr. J. E. Minney, and to Mr. J. S. Collins, vice-president of the association, is due the credit for securing the new home.

Legislation.

Now that the politicians are getting to work it is time for doctors to work too. Every candidate should be interviewed as to his standing on the question of medical legislation. If he will not commit himself try the other fellow. This matter is at present of sufficient importance that we can afford to drop even our party affiliations if we can secure the law we need. We will have plenty of opposition and it will require some strong pulling. Some of the worst quacks in the State are good politicians and know how to pull the wires. Buttonhole your candidate for the Legislature at every opportunity, talk to him about the need of a medical law and you will succeed in convincing him that it is the thing to work for. Prejudice him against quacks as much as possible. There is plenty of time for the work, but it requires time. If we all take a hand we will succeed, but if we depend upon a committee to do our work for us we may justly expect failure. It is not sufficient to draft a bill and ask some one to introduce it.

That method has already failed more than once. We must each do our part and do it thoroughly.

State Board of Health Report.

The *State Journal* has taken occasion to criticise the report of Dr. Dykes, referring particularly to the registration. We desire to say that by comparing this registration list with that of previous reports we find it a vast improvement. In the report of 1892 Shawnee county is not represented at all, while in the present report we find over one hundred physicians registered. It is neither desirable nor possible to change the date of registration nor the age of the registered with every report.

The recommendations to the Governor are exceedingly well written, and suggest that the author is not only abreast of the times, but is entirely in sympathy with the interests and demands of the profession. The "Health Bulletin" suggested by the doctor would be a most valuable aid to the work of the Board, and would keep us better posted on the sanitary conditions of the State than we can ever be with only an annual report.

In addition to the regular reports from the county health officers, the doctor has embodied in his annual, reports upon the sanitary condition of 165 towns in the State. These reports were obtained in reply to circular letters which were sent to each town in the State.

In answer to the question, "Are you in favor of the Legislature enacting a law requiring every person to be a graduate of some reputable medical college before he or she shall engage in the practice of medicine in Kansas?" we find only three answering no. The rest are all emphatically in favor of such a law and its enforcement.

The meteorological report is another feature of value which was not embodied in the previous report.

The book contains 400 pages, is well written and well gotten up. It is certainly a credit to Dr. Dykes, to the Board of Health and to the State.

THE New York *Medical Times* thinks that it is possible the American Medical Association may "consider it wise to let medical journals and medical men conduct their business as they think best." If all men were equally wise perhaps it would be a good idea. Journals are controlled very much by opinions of the profession as a whole, and it feems very reasonable that they will do nothing to antagonize the majority of their patrons. Physicians or medical men are not dependent upon the respect of their brethren so much as the favor of the public, and professional criticism has little weight with them. It seems, therefore, a question how far we should relax the restrictive clauses of the code.

STRYCHNINE. — Dr. Mays claims that strychnine is an indispensable agent in the treatment of the following symptoms in tuberculosis, viz: Nervousness and sleeplessness, pain in the chest, cough and expectoration, dyspmea, loss of appetite, vomiting, constipation, weak heart, and anemia.

A SUMMER school of neurology and psychiatry has been announced for the present season in connection with the asylum for the insane at Kankakee, Ill.

DR. E. S. ELDER, late president of the Indiana State Medical Society, died May 19, from obstruction of bowels and peritonitis.

DR. EMORY LANPHEAR has removed to St. Louis to take the chair of surgery in the College of Physicians and Surgeons.

DR. NICHOLAS SENN is preparing a text book on the subject of tumors.

The Germ of Smallpox.

Prof. Guarnuri claims that pustulation in smallpox is due to a parasite in the epithelial cells. He has succeeded in reproducing the parasite in the cornea of rabbits by inoculation.

Methylene Blue in Pulmonary Tuberculosis.

St. Louis Medical and Surgical Journal.

A couple of years ago Dr. Althen, of Weisbaden published a paper (*Muenchener Medizinische Wochenshrift*, No. 1, 1892) in which he draws attention to the beneficial effects produced by methylene blue in pulmonary and laryngeal tuberculosis. In view of the German colleague's emphatical statements, Dr. Szczesny Bronowski, house physician to Prof. L. I. Tumas's clinic, in Warsaw, has tried (*Gazeta Lekarska*, No. 13, 1894, p. 345) the treatment in eight consecutive cases, of which five presented advanced disintegration in the lungs with hectic fever, profuse nightsweats, etc., while of the remaining three patients two were suffering from chronic tuberculosis with moderate fever, and one was admitted with illness of a week's duration or so. The remedy was usually given in the dose of two to three grains (in wafers) three times a day. It was tolerated well by all the patients except one, in whom it occasionally caused sickness. The following are the main corollaries deduced by the writer from his clinical requirements:

1. Methylene blue invariably lowers the temperature in febrile phthisical subjects, the effect fully developing in from one to two hours after a largish dose. Even when administered regularly in smaller doses the remedy enables the practitioner to constantly keep the temperature about 0.5° C. lower in comparison with the period before the treatment.

2. In patients with extensive disintegration of the pulmonary parenchyma the antipyretic action is far less pronounced than in phthisical cases of other description.

3. In a majority of cases (in five out of eight) the drug decreases nightsweats.

4. In inveterate or advanced cases methylene blue does not produce any impression either on cough, or on the quantity of sputa, or on the numerical strength of tubercle bacilli therein, or on diarrhœa, if present. The bodily weight continues to sink as steadily as previous to the administration. In short, the remedial value of methylene blue is far from being high.

5. In incipient cases, however, the remedy might sometimes prove useful, as the author's following case seems to suggest: A man, aged 34, whose mother had died from phthisis, was first attacked by blood-spitting when about 33 years old. He remained apparently well until a week previous to his admission, when the hemorrhage recurred, being this time accompanied by cough, fever, nightsweats, etc. The examination revealed a circumscribed lesion in the left pulmonary apex, and a moderate muco-purulent discharge with scanty tubercle microbes. Methylene blue having been prescribed, in about a week the fever and nightsweats completely vanished (and never returned), while cough considerably lessened. After a month's stay the man was discharged, having gained 2.5 kilogrammes in his weight and yet rid from all morbid symptoms except some scanty *rales* and prolonged expiratory sounds in the apical area. When seen six months later the patient continued to be practically well, "an occasional trifling (troche) cough" being the only complaint he could make.

DR. A. E. BALDWIN, of California, reports some experiments with the action of permanganate of potassium in strychnine poisoning. His results on a dog poisoned with strychnine were good. He concludes that the same results may be expected in poisoning from any of the sulphates of the alkaloids as with strychnine.

Disease in Railroad Coaches.

Medical Record.

In the laboratory of the Imperial Board of Health of Germany experiments were made, and the results which have been published show, says London *Science Siftings*, that the seeds of consumption were found in abundance in the dust collected, not only on the floors, but on the walls and seats of carriages. Samples of dust were taken from forty five compartments twenty one different passengers cars, and one hundred and seventeen animals were inoculated with them. Part of these died very soon thereafter of various contagious diseases, before they had time to develop consumption; of the rest, killed four to six weeks after inoculation, three had tubercles. These three, however, were inoculated with sleeping-carriage dust, taken, not from the floor, but from the walls, cushions, and ceiling. Bacteria at the rate of 78,800 per square inch were found on the floor of a fourth-class carriage, and 34,400, 27,000, and 16, 500 per square inch on the floors of the third, second, and first-class carriages. Thus even in the latter, the average passenger, who usually has at least half a compartment to himself, say 3,000 square inches of floor, has an army of 49,500,000 deadly enemies aiming at his vitals on the floor alone, to say nothing of other millions in front and rear, on both flanks, and overhead. It would seem impossible to escape; but a Board of Health is said to have reported measures for removing or reducing the danger, which the railroads are considering.

The New Mydriatic Scopolaminine.

Medical Record.

Dr. Guttmann (*Therap. Monats.*) gives an account of numerous observations made by him with scopolaminum hydrochloricum in solutions of 1 in 1,000, 2 in 1,000, and 4 in 1,000. In the normal eye the second solution produced mydriasis maxima in ten to thirteen minutes, in the inflamed eye after ten to thirty-five minutes, four to seven days being required for the narrowing of the pupil, and three days for the return of pupillary reaction to light; fifteen to twenty minutes produced some anæsthesia of the cornea. The accommodation became paralyzed after three minutes, this condition reaching its heights after forty minutes, when it was more intense than after a one per cent. atropine solution. In practice it was very valuable in keratitis, parenchymatosis, and iritis, but even the 2 in 1,000 solution was no more effective than a one per cent. atropine preparation. Scopolamine, being non poisonous, can be used ever hour, and even under these conditions but rarely produced temporary dryness of the throat, which, however, required no treatment. It was thus most valuable in the case of children, in whom it can be used two or three times a day duriug long periods, and without unpleasant results.

Tolypyrin.

Medical Bulletin, May, 1893.—Deutsche Med. Zeitung.

At a meeting of the Berlin Medical Society, Herr P. Guttman spoke as follows: "For some years past chemistry has busied itself in preparing synthetical compounds similar to antipyrin. From the J. D. Riedel Fabrik comes tolypyrin, which, in kind and strength, is similar to antipyrin and fulfills all the indications of the latter substance. On account of its cheapness, it is preferable to antipyrin. Its chemical composition is expressed by the term paratolyldimethylpyrazolon. Tolypyrin is colorless, crystalline, of bitter taste, soluble in ten parts of water, almost insoluble in ether. Its chemical reactions are similar to those of antipyrin, being colored violet by chloride of iron and green by the nitrates of sodium and potassium. In experiments upon animals 15 grains were administered subcutaneously without disturbing the system. Healthy individuals can bear 75 grains a day without any ill effects. In studying its antipyretic

action, it is found that 60 grains of tolypyrin, in single doses of 15 grains each, given at hourly intervals, reduced temperature 1.5° C., generally 2° C., and in some cases as much as 3.5° C. The experiments were made in 6 cases of typhoid fever, 5 of pneumonia, 2 of scarlatina, 2 of facial erysipelas, 2 of phthisis, besides other cases. The temperature began to fall after an hour, and reached its lowest point in 5 or 6 hours. The remedy being suspended, the temperature began to ascend, but did not reach its original height until the next morning. In this manner the temperature can be held down for 12 to 18 hours. By experiments upon the same patients, it was found that tolypyrin was of equal value to antipyrin. Untoward effects were not observed. In the beginning of its actions sweating occured, but its discontinuance caused no chill. The pulse constantly corresponded to the temperature. Like all antipyretics, tolypyrin has antirheumatic virtues. This fact had been proved in 14 cases. In mild cases pain and swelling were lessened in 24 to 48 hours. Severe attacks resisted longer the action of the remedy. This. indeed, also often happens with salicylic acid. As an antineuralgic, tolypyrin was tried in 10 cases of obstinate headache. Of these, 6 cases were relieved or dispelled by each dose, but in the remainder it was without efficacy, while two of these were benefited by antipyrin. In a recent case of sciatica tolypyrin was effective. No ill results were produced by repeated administration. Tolypyrin escapes in the urine.

Air Germs.

Modern Medicine.

Sir Joseph Lister recently read a paper before the London Medical Society, entitled "Essentials in Antiseptic Treatment," in which he asserted that the microbes present in the air are so attenuated that they are incapable of producing mischief in the body, being readily destroyed by the natural antiseptic action of the living tissues. He concludes from this, that atmospheric dust may be entirely disregarded in operations. In this, Sir Joseph is certainly too hasty. He forgets that while the live tissues are entirely competent to destroy air germs, in every operations there is always more or less destruction of the tissues, so that in closing up the wound there is invariably left behind more or less of dead or dying which has lost its power to destroy microbes, and which constitutes a nidus in which air germs may develop in numbers sufficient, and with such increased virulence, as will enable them successfully to attack the living tissues. Sir Joseph was perhaps too hasty in attaching paramount importance to his antiseptic spray. He seems now to be equally rash in abandoning useful antiseptic precautions. Common sense must be mingled with bacterial knowledge to render it valuable for any practical purposes.

Best Method of Slaughter.

Health.

At a recent meeting of the Berlin Physiological Society Dr. Dembon, of St. Petersburg, read a paper "On the Best Method of Slaughtering Animals," which gave rise to an animated discussion. Two methods, it seems from an account given, are in use in the central slaughter houses of the Berlin "Vienhof." One consists in stunning the animal by blows on the head before killing it; the other, in sudden severing of the carotids without any previous stunning. This, as is well known, is the old Jewish ritual method of slaughtering. Dr. Dembon has carried out a series of experiments on animals in Professor Munk's physiological laboratory in Berlin, and his results go to prove the superiority of the Jewish method. To stun completely a powerful animal, such as an ox, as many as eight or nine blows are sometimes required; whereas the loss of blood from the brain that follows the severing of the carotids produces unconsciousness almost simultaneously. Again, where the

animal is stunned by blows on the head, there is paralysis of the vasomotor center, and in consequence an enlargement of the blood vessels. This prevents the blood from escaping quickly and completely. Now, it is a fact well known to butchers that raw meat will not keep fresh unless the blood be permitted to escape as freely as possible; and many of them for this reason habitually employ the Jewish method of slaughter, which, by the strong reflex convulsions that follow the sudden opening of the large vessels of the throat, favors a speedy and complete escape of the blood. These reflex convulsion also cause the production of lactic acid in the mussels, which probably acts antiseptically.

The Present Status of Thoracic Surgery.

Therapeutic Gazette.

Gaston (Journal of the American Medical Association), after discussing the various methods proposed, draws the following inferences:

1. All penetrating wounds of the thorax may be closed hermetically by suture or otherwise, after allowing the discharges of fluid blood from the opening.

2. Foreign bodies lodged in the bronchi through the chest will afford of the trachea at the lowest available point.

3. Experiments on reaching the bronchi through the chest will afford little encouragement in undertaking operations upon the human subject.

4. Medication as a preventive and a curative agency in pleuric effusion is worthy of trial before having recourse to aspiration.

5. Aspiration is indicated when there are large serous accumulations in the chest, and likewise in pneumo-thorax, but cannot be relied upon for the relief of purulent collections.

6. Partial resections of ribs are attended with better results in some cases of empyema than the complete removal of the segments of several ribs.

7. The excision of a small portion of one rib with the introduction of drainage tube has been generally attended with good results.

8. Washing out the cavity of the chest is not requsite, exeept in contamination and decomposition of the contents.

9. The operation of thoracotomy for abcess and gangrene of the lung should be accompanied with antiseptic applications and with tamponage of gauze.

10. Tumors of the mediastinum may admit of interference, but further developments of technique are necessary before the method can be generally advised.

Paralysis of Long Respiratory Nerve of Bell.

The Times and Register.

Dr. Martin also reported a case of paralysis of the long respiratory nerve following typhoid fever. During the fourth week of canvalesence from typhoid fever it was noticed that the angle of the right scapula became very prominent. This was diagnosed as a dislocation of the scapula—that is, a slipping of the lower angle of the scapula over the fibres of the latissimus dorsi muscle.

On examination it was at once apparent that the serratus magnus was palsied. In addition to its respiratory functions the serratus magnus is directly concerned in the movements of the shoulder. By its tonic contraction it holds the scapula, especially its lower angle, closely applied to the chest, and when thrown into full action rocks this bone outward, thus enabling the arm to be carried upward. The deltoid can lift the arm out and up till it is held at right angles to the long axis of the body; the rocking of the scapula by the serratus carries the arm up. Inability to carry the arm higher than the shoulder was well marked in this case. Under treatment by massage and electricity the patient has recovered in a great measure. He is not absolutely cured, but the outlook is good, as I believe it is in the majority of these cases of neuritis after typhoid

fever. The photographs show very perfectly both the disability and the wing-like projection of the shoulder blade.

Cholera Infantum.

Physicians coincide in their views regarding the treatment of the Summer diarrhœa of infants and children to a degree that enables it to be thus briefly summarized: Diet, emptying the alimentary tract, antisepsis. For the antiseptic treatment, Listerine alone, or Listerine, aquæ cinnamon and glycerine, or, Listerine, bismuth and misturæ cretæ, will meet many requirements of the practitioner during the Summer months.

The following well-tested formulæ are submitted:

℞ Listerine .... ℥j—ij
Simple syrup..... ℥vij—vi
M.
Sig: Teaspoonful every two or three hours.

℞ Listerine.
Glycerine (c. p.)
Syr. Simpl.
Aquæ cinnamon, aa ℥ i.
M.
Sig: Teaspoonful every one, two or three hours.

℞ Bismuth, sub. nit..... ℥ss
Tr. opii..... gtt. xx
Syr. ipecac, aa..... ℥ij
Syr. rhei, arom., aa... ℥ij
Listerine ..... ℥ss
Mist Cretæ..... ℥j
Sig: Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.

Thirty-two pages devoted to the management of Summer complaints of infants and children, may be had upon application to the manufacturers of Listerine—Lambert Pharmacal Company, St. Louis.

DR. I. N. LOVE, of St. Louis, announces that he has withdrawn from the Sanitarium Association at Washington.

Carrying the Thing Too Far.

Medical Progress.

With the use of the strong bichloride and permanganate solutions and the scrubbing with the brush, the hands of the surgeons are having a pretty hard time of it. We are told thst some of the operators are nearly incapacitated for work by this constant scrubbing and washing.—*Food.*

In such cases the bichloride and permanganate solutions might be substituted by a little common sense and water which has been boiled. We believe in asepsis and antisepsis, but if a man's hands are aseptic there is no need of using antiseptics on them.

Treatment of Myalgia.

Augustus A. Eshner, M.D., in Philadelphia Polyclinic.

We know a large number of affections better clinically than pathologically. One of these is that condition of peripheral soreness or painfulness, sometimes an affection of the muscles themselves or of their fibrous sheaths, sometimes involving the fibrous structures of the joints, sometimes the peripheral sensory nerves. In the absence of definite knowledge as to the precise nature of cases of the kind referred to, I am in the habit of grouping them together under the common designation of myalgia, and have found the following formula of service in the treatment of a large number:

℞ Tr. guaiac. ammoniat.
Fl. ext. cimicifugæ.
Fl. ext. erythroxyli, aa. ℥ j
M. Sig.—A teaspoonful to be taken three times a day before meals.

When constipation co-exists, an equal proportion of fluid extract of cascara is added. I can warmly commend the employment of this combination under the conditions indicated.

AERATED MILK.—It is claimed that milk charged with gas (CO_2) in many cases is preferable to ordinary cow's milk, and can be substituted for kefir and kumyss.